

FORM UCE-120
REV. 5/94

EMPLOYER QUARTERLY CONTRIBUTION AND WAGE REPORTS

This is a machine readable form. For proper processing align typewriter or line printer to alignment boxes at top and carriage return down the form.

ORIGINAL

FORM ALIGNMENT BOXES



FORM ALIGNMENT BOXES



1. EMPLOYER NAME

2. ACCOUNT NUMBER

3. QUARTER ENDING DATE

4. TOTAL NO. PAGES
(Including Continuation Sheets)

5. TOTAL NO. OF EMPLOYEES

6. EMPLOYEE'S SOCIAL SECURITY NUMBER
000 00 0000

7. NAME: FIRST MIDDLE INITIAL LAST

8. TOTAL WAGES

11. EXCESS WAGES PAID THIS QUARTER
(Enter on Line 2b, Form UCE-101)
(See example for computing excess wages)

9. TOTAL WAGES THIS PAGE

10. TOTAL WAGES THIS REPORT
(Enter on Line 2, Form UCE-101)

FORM UCE-101

NAME, ADDRESS

SCESC ACCT. NO.

QUARTER ENDING DATE

CURRENT F.E.I.N.

2 A. TOTAL WAGES PAID THIS QUARTER

B. LESS: EXCESS OVER \$7,000
(SEE ITEM 2B ON INSTRUCTIONS)C. NET TAXABLE WAGES
(ITEM 2A MINUS 2B)

L.B. L.E. L.A. CH. AREA

1. Number of covered workers who worked during or received pay for the payroll period which includes the 12th of the month.

MONTH 1 MONTH 2 MONTH 3

3 A. TOTAL CONTRIBUTIONS DUE
ITEM 2C TIMES-B. CONTINGENCY ASSESSMENT DUE
ITEM 2C TIMES-

4 INTEREST DUE

5 PENALTY DUE

6 LESS OUTSTANDING CREDIT OF
\$7 TOTAL AMOUNT DUE THIS QUARTER
MAKE REMITTANCE PAYABLE TO: SCESC

SIGNATURE

DATE

PREPARER'S TELEPHONE NUMBER: ()

EMPLOYER'S CERTIFICATION. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT AND ANY SUBSEQUENT PAGES ATTACHED IS TRUE AND CORRECT AND NO PART OF THE TAX WAS OR IS TO BE DEDUCTED FROM THE EMPLOYEE'S WAGES.

ATTACH CHECK HERE